

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	KONOPKA, Courtney C.	
	·) <u>CERTIFICATE OF MAILING</u>
Appln. No.:	09/692,846)
Filed:	October 19, 2000	 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service
Title:	NATURAL LANGUAGE INTERFACE CONTROL SYSTEM	 on the date shown below with sufficient postage as first class mail in an envelope addressed to: MAIL STOP Amendment: Commissioner for Patents P.O. Box 1450; Alexandria, VA 22313-1450.
Group Art U	nit: 2654) 7/19/06 Zz & B
Examiner:	Lamont Spooner	Date Timothy R. Baumann Registration No. 40,502 Attorney for Applicant

RESPONSE TO OFFICE ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Official Action of April 19, 2006, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.





Appln No.:

09/692,846

Filed:

October 19, 2000

Applicant(s): Courtney C. Konopka

Title:

NATURAL LANGUAGE

INTERFACE CONTROL SYSTEM

Art Unit:

2654

Examiner:

Lamont Spooner

Attorney Docket:

66161 (7114)

Customer No.:

22242

Confirmation No. 6249

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450, on this date.

7/19/06 Date

Timothy R. Baumann

Registration No.

Attorney for Applicant(s)

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- No additional fee is required.

Fee Calculation For Claims As Amended

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	As Amended		Previously Paid For		Present Extra		Rate		A	dditional Fee
Independent Claims	8		8	**=	0	_ x \$	200.00	=	\$	0.00
Total Claims	35		35	* =	0	_x \$	50.00	=	\$	0.00
Fee for Multiply Depe	ndent Clair	ns				\$	360.00			
** At least 3					Total A	dditic	nal Fee		\$	0.00
* At least 20										

Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to:

0.00

□ A check in the amount of \$____ is enclosed.

Application No. 09/692,846 Amendment dated July 19, 2006 Reply to Office Action of April 19, 2006

	Charge \$	to Deposit Account No.	06-1135.
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The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

July 19, 2006 Date

Timothy R. Baumann
Registration No. 40,502

FITCH, EVEN, TABIN & FLANNERY 120 South LaSalle Street, Suite 1600 Chicago, Illinois 60603-3406

Telephone: (312) 577-7000 Facsimile: (312) 577-7007